

**2001 DRAFTING REQUEST****Senate Amendment (SA-SB55)**Received: **06/05/2001**Received By: **isagerro**Wanted: **As time permits**

Identical to LRB:

For: **Legislative Fiscal Bureau**By/Representing: **Carabell**This file may be shown to any legislator: **NO**Drafter: **isagerro**

May Contact:

Addl. Drafters:

Subject: **Public Assistance - med. assist.**Extra Copies: **DAK**Submit via email: **NO**

Requester's email:

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**Pre Topic:**

LFB:.....Carabell -

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**Topic:**

Presumptive eligibility for women diagnosed with breast or cervical cancer

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**Instructions:**

See Attached

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**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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FE Sent For:

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&lt;END&gt;

that the current payment rate discount is not decreased as a result of the increase in outpatient hospital reimbursements.

Adopt Alternative D1. Authorize DHFS to transfer funding from the MA benefits appropriation to the BadgerCare appropriation in each year of the 2001-03 biennium to ensure that sufficient funding is provided for increased costs in BadgerCare as a result of increases in the reimbursement rate for outpatient hospital services.

Reduce funding in the bill by \$412,500 SEG and \$587,500 FED in 2001-02 and \$415,000 SEG and \$585,000 FED in 2002-03 so that disproportionate share hospital (DSH) allocations would increase by \$3.0 million annually, rather than \$4.0 million annually, as provided in the Governor's bill.

Increase funding in the bill by \$71,000 SEG and \$101,500 FED in 2001-02 and \$74,500 SEG and \$105,600 FED in 2002-03 to reflect an increase in the supplemental hospital payment for hospitals participating in the MA managed care initiative. This increase would be a one-time increase in the 2001-03 biennium only.

9. **LFB Paper #474 (Reimbursement Rates for Prescription Drugs).** Adopt Alternative 3. Increase funding in the bill by \$1,198,900 GPR and \$1,637,800 FED in 2001-02 and \$3,277,400 GPR and \$4,619,300 FED in 2002-03 to decrease the MA reimbursement rate for brand name prescription drugs from AWP-10% to AWP-12.5%, rather than AWP-15%, as recommended by the Governor.

10. **LFB Paper #475 (Eligibility for Women Diagnosed with Breast and Cervical Cancer).** Adopt Alternative 2. Approve the Governor's recommendations, but reduce funding in the bill by \$4,900 GPR and \$4,900 FED in 2001-02 and \$92,000 GPR and \$195,400 FED in 2002-03 to reflect the estimated benefit costs of expanding MA to cover certain women diagnosed with breast or cervical cancer. This alternative would not provide funding for county administrative costs associated with determining eligibility for MA.

In addition, specify that a women is eligible for MA if a provider, certified to determine presumptive eligibility, determines, based on preliminary information, that the woman would meet the criteria for MA eligibility for women diagnosed with breast or cervical cancer and not otherwise eligible for MA. Establish presumptive eligibility procedures for this population that are consistent with current provisions relating to presumptive eligibility procedures for pregnant women under MA.

11. **LFB Paper #476 (Treatment of Irrevocable Burial Trusts under MA).** Adopt Alternative 5. Delete the Governor's provision to increase the maximum amount of an irrevocable burial trust that may be excluded from an MA applicant's countable assets, from \$2,500 to \$3,300, which would first apply to burial trust agreements entered into on January 1, 2003. Reduce funding in the bill by \$207,800 GPR and \$293,800 FED in 2002-03.

12. **LFB Paper #477 (Reimbursement for Hearing Aid Services).** Adopt Alternative



State of Wisconsin  
2001 - 2002 LEGISLATURE

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LFB:.....Carabell – Presumptive eligibility for women diagnosed with breast or cervical cancer

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

**LFB AMENDMENT**

**TO 2001 SENATE BILL 55 AND 2001 ASSEMBLY BILL 144**

Sejm  
Thanks

At the locations indicated, amend the bill as follows:

1. Page 835, line 11: delete lines 11 and 12 and substitute “**cancer.** (1) In this section:”.

2. Page 835, line 13: before that line insert:

“(a) “County department” means a county department under s. 46.215, 46.22, or 46.23.”

(b) “Qualified entity” has the meaning given in 42 USC 1396r-1b (b) (2).

(2) A woman is eligible for medical assistance as provided under sub. (5) if, after applying to the department or a county department, the department or a county department determines that she meets all of the following requirements:”

3. Page 835, line 22: after that line insert:

1       “(3) Prior to applying to the department or a county department for medical  
2 assistance, a woman is eligible for medical assistance as provided under sub. (5)  
3 beginning on the date on which a qualified entity determines, on the basis of  
4 preliminary information, that the woman meets the requirements specified in sub.  
5 (2) and ending on one of the following dates:

6       (a) If the woman applies to the department or a county department for medical  
7 assistance within the time limit required under sub. (4), the day on which the  
8 department or county department determines whether the woman meets the  
9 requirements under sub. (2).

10       (b) If the woman does not apply to the department or county department for  
11 medical assistance within the time limit required under sub. (4), the last day of the  
12 month following the month in which the qualified entity determines that the woman  
13 is eligible for medical assistance.

14       (4) A woman who a qualified entity determines under sub. (3) is eligible for  
15 medical assistance shall apply to the department or county department no later than  
16 the last day of the month following the month in which the qualified entity  
17 determines that the woman is eligible for medical assistance.”

18       4. Page 835, line 23: delete “(2)” and substitute “(5)”.

19       5. Page 836, line 2: delete “sub. (1)” and substitute “sub. (2)”.

20       6. Page 836, line 3: before that line insert:

21       “(6) A qualified entity that determines under sub. (3) that a woman is eligible  
22 for medical assistance as provided under sub. (5) shall do all of the following:

23       (a) Notify the department of the determination no later than 5 days after the  
24 date on which the determination is made.

1           (b) Inform the woman at the of time the determination that she is required to  
2       apply to the department or a county department for medical assistance no later than  
3       the last day of the month following the month in which the qualified entity  
4       determines that the woman is eligible for medical assistance.

5           (7) The department shall provide qualified entities with application forms for  
6       medical assistance and information on how to assist women in completing the form.” ✓

7                               (END)

LFB:.....Carabell – Presumptive eligibility for women diagnosed with breast or cervical cancer

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